

Return Application With
Check Payable To:
NH Board of Pharmacy
Annual Fee: \$150

State of New Hampshire
Board of Pharmacy
57 Regional Drive
Concord, NH 03301-8518
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.nh.gov/pharmacy/

Board Use Only (Do Not Write In This Box)

**LIMITED RETAIL DRUG DISTRIBUTOR
OF MEDICAL GASES AND/OR MEDICAL DEVICES**
FOR SALE DIRECT TO PATIENT / CONSUMER PURSUANT TO A PRESCRIPTION

APPLICATION FOR PERMIT TO CONDUCT BUSINESS IN THE STATE OF NEW HAMPSHIRE

July 1, 2013 – June 30, 2014 Licensing Period

Location Of Facility From Which Distribution Takes Place:

Company Name

Street Address

City

State

Zip Code

Telephone:

Federal Tax ID # (FEIN):

E-Mail Address:

Parent Company (If None, Write "None"):

State Of Incorporation (If Corp.):

Nature Of Retail Business (Check **ALL** That Apply):

☐ Medical Gas Distributor ☐ Medical Device Distributor

☐ Other _____

Doing Business As:

☐ Sole Proprietorship ☐ Partnership

☐ Corporation ☐ LLC

What Types Of Prescription Devices Do You Intend To Ship To New Hampshire Residents:

☐ Oxygen / Medical Gases ☐ Diabetic Testing Supplies ☐ Other (Describe) _____

Provide the name, address, & title of the person to whom the permit and/or renewal application should be directed:

Name:

Title:

Tel. #:

Business Mailing Address:

Name Of Owner(s): Indicate Individual, Partners, Etc. (If Corporation, Show Title Of Officers). Attach Additional Sheet If Necessary.

Name

Address

Title

Name

Address

Title

Name

Address

Title

Has registration or licensure granted to the above referenced company by any state or federal agency ever been suspended, revoked, or otherwise disciplined? ☐ Yes * ☐ No (If "Yes", attach a detailed explanation)

Is the above referenced company (physical location) licensed by the board of pharmacy or other licensing agency in the state of location?

☐ **Yes *** (If Yes, attach a copy of the state license/permit & the most recent inspection).

☐ **No **** (If No, attach an explanation as to why licensure is not required in home state).

Declaration And Signature Of Company Representative:

I have attached the following required documents:

☐ **A copy of the state license** from the state licensing agency where the facility is located, *if located outside New Hampshire. If none, you must attach an explanation.*

☐ **A copy of the facility's most recent inspection report** completed by the state licensing board/agency where the facility is domiciled, *if located outside New Hampshire. If none, you must attach an explanation.*

I affirm that I am the person authorized to sign this application for licensure and declare under penalties of perjury that this application (including any accompanying documents) has been examined by me and to the best of my knowledge and belief is a true, correct and complete application, and if the registration herein applied for is granted, I hereby agree to and do submit to the jurisdiction of the New Hampshire Board of Pharmacy and to the laws and rules of this State.

Signature: _____ Title: _____ Date: _____

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT REQUIRED ATTACHMENTS WILL NOT BE ACCEPTED.

**ANY SUBSEQUENT CHANGES TO THE INFORMATION ON THIS FORM
MUST BE REPORTED TO THE BOARD IN WRITING WITHIN 15 DAYS.**